

DEATHS REPORTABLE TO THE CORONER



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I. TYPES OF DEATH REPORTABLE TO THE CORONER'S OFFICE

- a.** Not all reported cases fall into the below categories. After the investigation is completed, many will be returned to the jurisdiction or institution where the death certificate will be signed by the attending physician as a natural death.

Only the Coroner can legally sign a death certificate of a person who has died as a direct or indirect result of any cause listed in the following reportable deaths.

b. ACCIDENTAL DEATHS

All forms, including death arising from employment

- i.** Asphyxiation by gagging on foreign substance, including food in airway; compression of airway or chest by hand, material or ligature; drowning; handling cyanide; exclusion of oxygen; carbon monoxide; and/or other gasses causing suffocation.
- ii.** Blows or other forms of mechanical violence.
- iii.** Burns from fire, liquid, chemical, radiation or electricity.
- iv.** Carbon monoxide poisoning (resulting from natural gas, automobile exhaust or other).
- v.** Cutting or stabbing wounds.
- vi.** Death from electrocution or electric shock.
- vii.** Drowning (actual or suspected).
- viii.** Drug overdose from medication, chemical or poison ingestion (actual or suspected). This includes any medical substance, narcotic or alcoholic beverage, whether sudden, short, or long-term survival has occurred.
- ix.** Explosion.
- x.** Falls, including hip fractures or other injury within twelve (12) months.
- xi.** Firearm injuries or gunshot wounds.
- xii.** Stillborn or newborn infant death where there is a recent or past traumatic event involving the mother, such as vehicular accident, homicide, suicide attempt or drug ingestion that may have precipitated delivery or had a detrimental effect to the newborn.
- xiii.** Vehicular accidents, including automobile, bus, train, motorcycle, bicycle, watercraft, snowmobile or aircraft, including driver, passenger, or related non-passenger (e.g. being struck by parts flying or thrown from a vehicle).
- xiv.** Weather related death (e.g. lightning, heat exhaustion, hypothermia or tornado).

c. HOMICIDAL DEATHS

By any means, suspected or known.

d. SUICIDAL DEATHS

By any means, suspected or known.

e. OCCUPATIONAL DEATHS

Instances in which the environment of present or past employment may have caused or contributed to death by trauma or disease. Deaths in this classification include caisson disease (bends), industrial infections, pneumoconiosis, present or past exposure to toxic waste or product (e.g. nuclear products, asbestos or coal dust), fractures, burns or any other injury received during employment or as a result of past employment, which may have contributed to death.

f. SUDDEN DEATHS

If the death occurs when in apparent good health or in any suspicious or unusual manner including:

- i.** DOA- Any person pronounced dead on arrival at any hospital, emergency room of a hospital or doctor's office shall be reported.
- ii.** Infants and young children – any infant or young child found dead shall be reported, including Sudden Infant Death Syndrome.
- iii.** All stillborn infants **where there is suspected or actual injury to the mother.**
- iv.** All deaths occurring within twenty-four (24) hours of admission to a hospital **unless** the patient has been under the continuous care of a physician for natural disease that is responsible for the death.
- v.** Deaths occurring during law enforcement activity, while in any jail, confinement or custody.
- vi.** Deaths under unknown circumstances whenever there are no witnesses or where little or no information can be elicited concerning the deceased person.
- vii.** Sudden death on the street, at home, in a public place or at place of employment.
- viii.** Alcoholism.
- ix.** Drug abuse, habitual use of drugs or drug addiction.
- x.** Any psychiatric disorder with suicidal features, or a history of suicidal ideation or past attempts.
- xi.** Any MRDD person, regardless of circumstances.

g. SPECIAL CIRCUMSTANCES

- i. Any maternal or infant death where there is suspicious or illegal interference by unethical or unqualified persons or self-induction.
- ii. "Delayed death", an unusual type of case, where the immediate cause of death may actually be from natural disease. However, injury may have occurred days, weeks, months, or even years before death and is responsible for initiating the sequence of medical conditions or events leading to death. This would be considered a Coroner's case and is therefore reportable. The most common examples of this type of case are 1) past traffic accidents with debilitating injury and long-term care in a nursing home and 2) hip fractures of the elderly where there is a downward course of condition after the injury.

h. THERAPEUTIC DEATHS

- i. Anesthetic – Deaths due to or contributed to by anesthesia or complications arising there from.
- ii. Surgical – Deaths due to or contributed to by surgical procedure or complications arising there from.
- iii. Operative – Deaths due to anesthesia or surgical procedure or contributed to by them or where there is doubt as to which factor is involved.
- iv. Medication – Deaths due to administration of a drug, serum, vaccine or any other substance for diagnostic, therapeutic or immunological purpose.
- v. Blood transfusions – Deaths following the administration of blood or blood components.

II. BEFORE REPORTING A DEATH

When reporting a death to the Franklin County Coroner's Office, callers will be speaking to a member of the Coroner's Investigative Unit. Law enforcement and medical personnel will be asked a long series of questions regarding the decedent and the death scene. This information is used to determine if the decedent is legally a Coroner's case, if an investigator will be dispatched, or if the body can be released to the family. A Death Call Data Sheet may be obtained from our website, www.franklincountyohiocoroner.com . This Data Sheet will provide the reporting individual with a template of questions that our Investigator will ask regarding the death.

III. HOW TO REPORT A DEATH

When a person dies under any of the above circumstances, the death shall be reported to the Franklin County Coroner's Office. In order to report a death, call (614) 525-5290, give your name, agency and phone number and say "I wish to report a death".

Please consult the Franklin County Coroner's Office in regard to any death about which you have any doubt or question.

When jurisdiction is taken by the Coroner's Office, complete the "Report to the Coroner" form. These forms are available at the Franklin County Coroner's Office or online at www.franklincountyohiocoroner.com.

To increase efficiency in processing cases, it is mandatory that the following information be collected (if available) when reporting any death to the Franklin County Coroner's Office. Otherwise, jurisdiction cannot be taken over the case.

- i. Name and address of the deceased.
- ii. Age and date of birth.
- iii. Gender and race.
- iv. Marital status.
- v. Date and time of death.
- vi. Name of person pronouncing death.
- vii. Time of accident or onset of cause of death (hour of day and date).
- viii. Place, mode and manner of injury.
- ix. Police jurisdiction (if applicable).
- x. Any other information that may be helpful.
- xi. Next-of-kin name, address and phone number.
- xii. Social Security number.
- xiii. Location of the body.
- xiv. Attending physician (address and phone number).
- xv. Name of funeral home (if available).

IV. INFORMATION FOR PHYSICIANS AND MEDICAL PERSONNEL

The Franklin County Coroner's Office is *not* a covered entity subject to HIPAA.

HIPAA privacy standards permit a physician or other healthcare provider to disclose protected health information to Coroners and funeral directors without the consent or authorization of the patient or the patient's representative.

Under Ohio law, Federal law, and HIPAA, a physician may disclose protected health information to a Coroner or Medical Examiner (and if the physician also performs the duties of a Coroner or Medical Examiner, the physician may use protected health information) for the purpose of identifying a deceased person, determining cause of death, or other duties as authorized by law.

A physician or other healthcare provider may also disclose protected health information to funeral directors, consistent with Ohio law, as necessary for funeral directors to carry out their duties with respect to the decedent. If necessary to carry out their duties, protected health information may be disclosed to funeral directors prior to, and in reasonable anticipation of, an individual's death.

Ohio law specifically provides for cooperation with the Office of the Coroner. Cooperation is necessary for proper investigation and examination. Requests may be made for photocopies of all hospital records, including nursing notes, to supply background for accurate evaluation of the case. Blood and other specimens may be obtained upon admission to the hospital may also be requested. Medical personnel are encouraged to discuss the case with the Coroner as well as the Coroner's Investigators.

Medical apparatus such as: endotracheal tubes, airways, monitor pads, CVP-IV lines, pacemakers, drain tubes, catheters or similar equipment must be retained in their original positions on the body. All intravenous fluids and substances (including blood) being given to the patient at the time of or just prior to death must, likewise, accompany the body.

Ohio Revised Code (ORC) 3705.16 states "the medical certificate of death shall be completed and signed by the physician who attended the decedent or by the Coroner or Medical Examiner, as appropriate, **within forty-eight (48) hours after the death...**". **Ohio Administrative Code (OAC) 3701-5-01** defines an "attending physician" as "the physician in charge of the patient's care for the illness or condition that resulted in death".

According to the Ohio Attorney General, the definition of "attending physician" only provides guidance and does not control the interpretation of "the physician who attended the deceased". The Attorney General believes that the use of the verb "attend" permits the inference that "the physician must have cared for or had contact with

the deceased **at the time of or immediately prior to death**". Thus, the Attorney General would distinguish "the physician who attended the deceased" from "any other physician without professional contact with the deceased at or just prior to death". (**OAG 76-026**). Therefore, the death certificate should be completed and signed by the physician who had professional contact with the deceased **at the time of or immediately prior to death**. For example, if a patient dies in the **emergency department (ED)** after being attended by the **ED physician**, the **ED physician** shall complete and sign the death certificate.

V. TRANSPORTATION AND DISPOSITION OF THE DECEASED

Transportation will be provided by the Franklin County Coroner's Office for all bodies that the Coroner has a legal obligation to examine. After the examination has been completed, the decedent's family will be responsible for contacting the funeral director of their choice to make arrangements for the final disposition of the decedent's body.

VI. AUTOPSIES

Autopsies are performed to establish the cause of death at the discretion of the Franklin County Coroner. In circumstances where the next-of-kin request an autopsy not be performed due to religious beliefs, the Coroner will work with the family to achieve a suitable outcome.

The Franklin County Coroner's Office encourages the performance of medical autopsies at the admitting facility or hospital system. The family is encouraged to work with the primary care or admitting physician to obtain an autopsy in cases of natural disease.

Autopsies will only be performed at the Franklin County Coroner's Office when it is necessary to determine or confirm the cause of death, document injury, or when required by state law. The Franklin County Coroner's Office has limited resources and cannot routinely perform autopsies solely at the request of the family, attending physician, guardian or executor. The Coroner will work with the family to achieve a suitable outcome.

VII. VARIOUS LAWS AND ATTORNEY GENERAL OPINIONS REGARDING THE OFFICE OF THE CORONER

The following listings of the Ohio Revised Code (ORC) are listed so that the reporting institution or responsible individual may fully understand that providing information to the Coroner is to comply with the law and

that failure to do so would place that person in jeopardy of prosecution.

ORC Section 313.11 Unlawfully disturbing a body.

ORC Section 313.12 Notification of the Coroner in case of death by violence or suicide.

ORC Section 1713.42 Prohibition against unlawful possession of a corpse.

ORC Section 2921.22 Failure to report a crime.

ORC Section 2927.01 Abuse of a corpse.

See Ohio Revised Code and Ohio Administrative Code at <http://codes.ohio.gov/>

Death Call Data Sheet

First Name: _____ **Last Name:** _____

Death Date: ____/____/____ Death Time: _____ hours Pronounced By: _____

Address: _____ City (Zip): _____

Date of Birth : ____/____/____ Age: _____ Sex: _____ Race: _____

Social Security # ____-____-____ Marital Status: _____

Conveyed to hospital by (Ambulance, Taxi, Private car, etc): _____

From: _____ (Residence, Public place, Jail, etc)

Address conveyed from: _____
Number Street Apt# City County

History Immediately Preceding Death In Full Detail: _____

If Accident: Date of Injury: ____/____/____ Time of Injury : _____ hours

Address of Accident: _____

Investigating Agency: _____

Next-of-Kin: _____ Relation: _____ Phone # (____) _____ - _____

Address: _____ City (Zip): _____

Attending Physician: _____ Phone # (____) _____ - _____

Attending Address: _____ City (Zip): _____

Funeral Home: _____

- Mt. Carmel West
- Mt. Carmel East
- Mt. Carmel St Ann's
- Dublin Methodist
- Doctors
- Grant Medical Center
- Riverside Methodist
- OSU Hospitals
- OSU East
- James CHRI
- Other_____

FCC case number_____

Patient Name:_____

Med Record Number:_____

Date of Birth_____ Date of Admit_____

Age _____

Patient Label

Coroner's History Report

Jan M. Gorniak, DO, Coroner

Telephone: 614-525-5290 Fax: 614-421-2070

(Please send this completed report along with the requested medical records with the body to the Coroner's Office. Clothing should be preserved, bagged and sent with body to the coroner.)

Location of Death: ☐ ER/ED ☐ ICU _____ ☐ Inpatient Unit

Brief History of Event

Past medical and surgical history:

Clinical Findings

a. _____

b. _____

c. _____

Clinical questions for autopsy:

Is prescription or illicit drug use suspected as contributing to the death? YES NO
If yes, what was suspected? Drug screen? YES
NO

If patient died under anesthesia, was the patient conscious prior to induction? YES NO

Physician Pronouncing Death: _____ Phone
Number _____

Please print

Attending Physician: _____ Phone
Number _____

Please print

